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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Payment fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950.00)

Complete if Known	
Application Number	09/538,589 09/538,589
Filing Date	03/27/2000
First Named Inventor	Jay Adams et al
Examiner Name	A. Hsu
Art Unit	266S
Attorney Docket No.	H-204246

METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None

 Deposit Account

Deposit Account Number	50-3145
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Deposit Account Name	Honigman Miller Schwartz and Cohn LLP
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The Director is authorized to (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments

 Charge any additional fee(s) or any underpayment of fee(s)

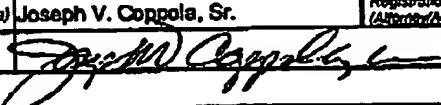
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 330	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1035 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
1. BASIC FILING FEE			
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1201 18	2202 0	Claims in excess of 20	
1201 55	2201 43	Independent claims in excess of 3	
1203 280	2203 145	Multiple dependent claim, if not paid	
1204 66	2204 43	** Reissue independent claims over original patent	
1206 18	2205 0	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims	-20" =	Fee from below	Fee Paid
Independent Claims	-3" =		
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 0	Claims in excess of 20	
1201 55	2201 43	Independent claims in excess of 3	
1203 280	2203 145	Multiple dependent claim, if not paid	
1204 66	2204 43	** Reissue independent claims over original patent	
1206 18	2205 0	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$)			950.00

\* or number previously paid, if greater. For Reissues, see above

(Complete if applicable)				
Name (Print/Type)	Joseph V. Coppola, Sr.	Registration No. (Attorney/Agent)	33,373	Telephone (248) 566-8500
Signature			Date	September 2, 2004

## Fee Transmittal

I hereby certify that this correspondence is being sent VIA FAXIMILE to the U.S. Patent and Trademark Office to fax number 703-872-9306 on the date shown below.

Dated: September 2, 2004

Signature: 